

**United States Bankruptcy Court
Northern District of New York
Syracuse Division**

This Form Is To Be Used For Motion¹ Calendar Only.

Case Name:

Case No.:

Adversary Proceeding No. (if applicable):

Adjournment Request² for Hearing on Motion at Docket No.: _____

Reason for Adjournment Request:

Original Return Date of Motion:

Notification of Withdrawal of Motion; Opposition/Response; Other: _____
at Docket No.: _____

Notification of Settlement of Motion at Docket No.: _____

Date of Hearing:

Requested Adjourned Hearing Date:

Requesting Attorney's Name, Office Address, Phone and Email Address:

Consent of All Parties Obtained? Yes No - *Absent compelling reasons,
adjournments will not be granted without the consent of all parties.*

Cc:

**This Form Must Be E-Filed and Faxed to Chambers at 315-295-1681
no later than the day prior to the date of the hearing.
When E-Filing, This Form Must Be Linked to the Motion to Which
the Request/Notification Pertains.**

¹ See www.nynb.uscourts.gov for the form relative to confirmation hearings.

² If your request is denied, you will be notified by Chambers.